SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL _1 TOTAL DEP. TOTAL DEP. 1.00 10/23/ * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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